APPLICATION FOR CERTIFICATE OF OCCUPANCY

PLEASE TYPE OR PRINT

NEW BUSINESS _____

BUSINESS ADDRESS (INCL. SUITE #):

PREVIOUS BUSINESS NAME (IF KNOWN): PREVIOUS ADDRESS (IF LOCATION CHANGED):

OWNER/LOCAL MANAGER NAME:

BUSINESS TELEPHONE #: TYPE OF BUSINESS:

Permit # Parcel # Date:	

By signing this application, I agree to allow inspectors access to this property affected by this occupancy permit to verify compliance with the applicable State of Wisconsin and City of Janesville codes. I also agree to allow the City Assessor to accompany inspectors on their occupancy inspection.

Check here if you do not agree to allow the City Assessor to accompany inspectors during inspection.

OFFICE RETAIL OTHER:

EMERGENCY CONTACT INFORMATION

BUSINESS:

LOCAL MANAGER/CONTACT:

HOME ADDRESS:

EMAIL ADDRESS:

BUSINESS NAME:

HOME TELEPHONE #:

BUILDING:

OWNER OR AGENT: HOME ADDRESS:

HOME TELEPHONE:

CITY: _____ STATE: ____ ZIP: ____

NEW OWNERSHIP _____ LOCATION CHANGE _

SIGNATURE OF OWNER OR TENANT:

FEE: \$100.00 PAYABLE TO THE CITY OF JANESVILLE*

*Occupancy prior to applying for an Occupancy Permit is subject to a penalty of \$100 plus the \$100 fee.

Please return completed application and fee to:

City of Janesville **Building Division** P.O. Box 5005, 18 North Jackson Street Janesville, WI 53547-5005

Email: ruschl@ci.janesville.wi.us

Zoning Requirements:

- 1. Is this a new use in the building?
- 2. Is this use permitted in the zoning district?
- 3. Is Site Plan Review required?

CITY: _____ STATE: ____ ZIP: ____

This is an Application for Certificate of Occupancy. An inspection must be made by a Building Inspector and a Fire Inspector. The premises must comply with the Wisconsin Administrative Code and the City of Janesville General Ordinances before occupancy of the building is permitted and a Certificate of Occupancy issued. Inspections are done by appointments on Tuesday and Friday.

Call 608-755-3060 to schedule your appointment. Thank you.